

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREDAMONE FLOWERS

Plaintiff

V.

STATE OF DELAWARE

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 06-356-GMSI, DAMONE FLOWERS declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTER AT SMYRNA, DE.Inmate Identification Number (Required): SBI # 303627Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. NEVER BEEN EMPLOYED AS AN ADULT. N/A
In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

07-730

RD
Scanned

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

FAMILY SENDS \$25.00 MONTHLY FOR THE PURCHASE OF HYGIENE PRODUCTS AND PERISHABLE ITEMS
PURCHASED AT D.C.C. COMMISSARY.

4. Do you have any cash or checking or savings accounts? •• Yes •☒ No
- If "Yes" state the total amount \$ _____
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? •• Yes •☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable. *NONE.*

I declare under penalty of perjury that the above information is true and correct.

DATE

Damone H. Jones

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Certificate of Service

I, _____, hereby certify that I have served a true
and correct cop(ies) of the attached: _____
_____ upon the following
parties/person (s):

TO: _____

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this _____ day of _____, 2006

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Damone Flowers SBI#: 303627

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: 8/30/2006

Attached are copies of your inmate account statement for the months of
Feb 2006 to July 2006.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Feb</u>	<u>\$ 18.51</u>
<u>Mar</u>	<u>17.05</u>
<u>Apr</u>	<u>53.95</u>
<u>May</u>	<u>53.28</u>
<u>Jun</u>	<u>14.35</u>
<u>July</u>	<u>49.08</u>

Average daily balances/6 months: \$ 34.80

Attachments

CC: File

Mercedes Vallin

Paul D. Prince 8/30/06

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Individual Statement

Date Printed: 8/30/2006

For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or	PayTo	SourceName
00303627	Flowers	Damone			\$41.65	Ck #		
Current Location:	21			Comments: QOL4				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Canteen	2/1/2006	(\$9.99)	\$0.00	\$0.00	\$31.66	215791		
Supplies-MailP	2/2/2006	(\$2.72)	\$0.00	\$0.00	\$28.94	217352	1/2/06	
Supplies-MailP	2/2/2006	(\$1.83)	\$0.00	\$0.00	\$27.11	217717	1/8/06	
Supplies-MailP	2/2/2006	(\$1.11)	\$0.00	\$0.00	\$26.00	217725	1/8/06	
Supplies-MailP	2/2/2006	(\$2.30)	\$0.00	\$0.00	\$23.70	218006	11/10/05	
Canteen	2/14/2006	(\$9.55)	\$0.00	\$0.00	\$14.15	222419		
Canteen	2/28/2006	(\$9.99)	\$0.00	\$0.00	\$4.16	227928		
					Ending Mth Balance:	\$4.16		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 8/30/2006

For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$4.16				
00303627	Flowers	Damone								
Current Location:	21			Comments: QOL4						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName	
Canteen	3/14/2006	(\$4.15)	\$0.00	\$0.00	\$0.01	236019				
Mail	3/20/2006	\$40.00	\$0.00	\$0.00	\$40.01	238724	47885266979		A. DAWSON	
Canteen	3/28/2006	(\$14.26)	\$0.00	\$0.00	\$25.75	241536				
Mail	3/28/2006	\$20.00	\$0.00	\$0.00	\$45.75	242013	09618658874		J. TODD	
					Ending Mth Balance:	\$45.75				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

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Individual Statement

Date Printed: 8/30/2006

For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$45.75			
00303627	Flowers	Damone							
Current Location:		21	Comments: Q01A						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Pay-To	4/7/2006	(\$8.50)	\$0.00	\$0.00	\$37.25	246877		AMERICAN DOG BR	
Canteen	4/11/2006	(\$10.29)	\$0.00	\$0.00	\$26.96	247662			
Mail	4/17/2006	\$20.00	\$0.00	\$0.00	\$46.96	250089	08545311112		C. WILLIAMS
Mail	4/17/2006	\$30.00	\$0.00	\$0.00	\$76.96	250091	08545311123		C. WILLIAMS
Canteen	4/25/2006	(\$7.35)	\$0.00	\$0.00	\$69.61	254411			
					Ending Mth Balance:	\$69.61			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

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Individual Statement

Date Printed: 8/30/2006

For Month of May 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$69.61			
00303627	Flowers	Damone							
Current Location:	21	Comments: QOL4							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	5/9/2006	(\$16.63)	\$0.00	\$0.00	\$52.98	260724			
Canteen	5/23/2006	(\$10.40)	\$0.00	\$0.00	\$42.58	266596			
Pay-To	5/26/2006	(\$5.00)	\$0.00	\$0.00	\$37.58	269548			US DISTRICT COURT
					Ending Mth Balance:	\$37.58			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 8/30/2006

For Month of June 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00303627	Flowers	Damone			\$37.58			
Current Location: 21		Comments: QOL4						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Supplies-MailP	6/1/2006	\$0.00	\$0.00	(\$1.10)	\$37.58	273765	5/25/06	
Supplies-MailP	6/1/2006	\$0.00	\$0.00	(\$2.56)	\$37.58	273766	5/25/06	
Supplies-MailP	6/1/2006	\$0.00	\$0.00	(\$2.25)	\$37.58	273767	5/25/06	
Supplies-MailP	6/5/2006	(\$2.56)	\$0.00	\$0.00	\$35.02	274995	5/25/06	
Supplies-MailP	6/5/2006	(\$1.10)	\$0.00	\$0.00	\$33.92	274994	5/25/06	
Supplies-MailP	6/5/2006	(\$2.25)	\$0.00	\$0.00	\$31.67	274996	5/25/06	
Canteen	6/6/2006	(\$10.61)	\$0.00	\$0.00	\$21.06	275181		
Supplies-MailP	6/8/2006	\$0.00	\$0.00	(\$4.20)	\$21.06	277393	5/28/06	
Supplies-MailP	6/8/2006	\$0.00	\$0.00	(\$5.60)	\$21.06	277397	5/28/06	
Supplies-MailP	6/9/2006	(\$4.20)	\$0.00	\$0.00	\$16.86	277658	5/28/06	
Supplies-MailP	6/9/2006	(\$5.60)	\$0.00	\$0.00	\$11.26	277662	5/28/06	
Canteen	6/20/2006	(\$5.67)	\$0.00	\$0.00	\$5.59	281129		
					Ending Mth Balance:	\$5.59		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

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Individual Statement

Date Printed: 8/30/2006

For Month of July 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$5.59
00303627	Flowers	Damone				
Current Location:		21	Comments: QOL4			
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
						MO # or Ck #
Mail	7/5/2006	\$50.00	\$0.00	\$0.00	\$55.59	287614
Canteen	7/6/2006	(\$5.46)	\$0.00	\$0.00	\$50.13	288418
Mail	7/11/2006	\$20.00	\$0.00	\$0.00	\$70.13	290134
Canteen	7/18/2006	(\$19.99)	\$0.00	\$0.00	\$50.14	292596
					Ending Mth Balance:	\$50.14
				PayTo	SourceName	
					L. BROWN	
					J. TODD	
					10027735525	

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 9.91 on account his/her credit at (name

of institution)

Bellevue Correction Center

I further certify that the applicant has the following securities to his/her credit:

N/A

I further certify that during the past six months the applicant's average monthly balance was \$ 34.80

and the average monthly deposits were \$ 30.00

Date

8/30/06

Signature of Authorized Officer

Theresa L. Allen

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

Andrew 8/30/06